

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To:	HCFA-1500 Claim Form Billers Regional Administrators CSO Administrators	Memorandum No. 00-62 MAA Issued: October 23, 2000 Related Issuance: 00-01 MAA
From:	James Wilson, Assistant Secretary Medical Assistance Administration	If you have questions, call: Provider Relations 1-800-562-6188
Subject:	How to Complete the HCFA-1500 Claim Form	

This memorandum is one of many steps in the Medical Assistance Administration's (MAA) efforts to reduce the claims inventory backlog. Please read this memo carefully because it affects how paper HCFA-1500 claims must be completed for payment.

The Medical Assistance Administration (MAA) **is returning** HCFA-1500 hardcopy claims when the claims have missing, incorrect, illegible, or invalid information.

Examples of missing, incorrect, illegible, or invalid information:

- ✓ Missing or incorrect provider number;
- ✓ Missing or incorrect Patient Identification Code (PIC); or
- ✓ Claim is not readable or legible (e.g., too light, too dark, or data fields are highlighted).

If you are billing MAA using hardcopy HCFA-1500 claim forms, this memorandum explains what you need to know in order for MAA to completely process your claims the first time through.



See next page for more...

Important!

General guidelines for completing the HCFA-1500 claim form:

(This information was originally sent out in Numbered Memorandum 00-01 MAA)

- **Use only the original preprinted red and white HCFA-1500 claim forms** (version 12/90 or later, preferably on 20# paper). This form is designed specifically for optical character recognition (OCR) systems. The scanner cannot read black and white (copied, carbon, or laser-printer generated) HCFA-1500 claim forms.

If you need preprinted red and white HCFA-1500 claim forms, call 1-800-562-6188.

- **Do not use red ink pens, highlighters, “post-it notes,” or stickers anywhere on the HCFA-1500 claim form or backup documentation.** The red ink pen and/or highlighter will not be picked up in the scanning process. Vital data may not be recognized.

Do not write or use stamps or stickers that say “REBILL,” “TRACER,” or “SECOND SUBMISSION” on claim form.

- **Use standard typewritten fonts that are 10 c.p.i. (characters per inch).** Do not mix character fonts on the same claim form. Do not use italics or script.
- **Use upper case (capital letters) for all alpha characters.**
- **Use black printer ribbon, ink-jet, or laser printer cartridges.** Check the print quality and readability of the claim information. If the print quality is too light, the claim cannot be processed accurately. Do not use old or worn out print bands or ribbons when generating claims.
- **Ensure that the claim information is entirely contained within the proper field on the claim form and on the same horizontal plane.** Misaligned data will delay processing and may even be missed.
- **Place only six detail lines on each claim form.** MAA does not accept “continued” claim forms. If more than six detail lines are needed, use additional claim forms.
- Show the total amount for each claim form separately. Do not indicate the entire total (for all claims) on the last claim form; **total each claim form.**

How to complete the specific fields on the HCFA-1500 claim form:

- 1a.** **The Patient Identification Code (PIC) must be in this field**
(example: AA010101AAAAA). The PIC is identified on the client's Medical Assistance IDentification (MAID) card.
- 9-11.** Enter only insurance information in these areas.
- 17-17a.** Enter the referring provider's name and/or MAA provider number.
- 19.** Enter only pertinent comments necessary to process your claim.
(Example: "Twin A/B," "B" (Baby on parent's PIC), "ITA," "Not a duplicate.")
(See attached sample MAID card.)
- 21.** Enter ICD-9 diagnosis code(s).
- 23.** Enter the 9-digit MAA authorization number, when required.
- 24a.** Enter a 6-digit or 8-digit date-of-service. (Example: 030800 **or** 03082000)
Do not use slashes, dashes, or hyphens.
- 24b.** Enter the appropriate 1-digit "Place of Service" code (1-9).
- 24c.** Enter the appropriate 1-digit Washington State "Type of Service" (3, 9, or Z) code.
- 24d.** Enter the appropriate procedure codes and modifiers listed in MAA's billing instructions (i.e. CPT 2000, HCPCS codes).
- 24e.** Enter the appropriate diagnosis code as shown in field 21.
- 24f.** Enter dollar amount. Do not use dollar sign **or** decimal point.
- 24g.** Enter the correct number of units. Use only whole numbers, not fractions.
- 28.** Enter the total amount of billed charges. Do not use dollar sign **or** decimal point.
- 29.** Enter dollar amount received, if any. Do not use dollar sign **or** decimal point.
- 30.** Enter dollar amount owing (equal to field 28 value minus field 29 value). Do not use dollar sign **or** decimal point.
- 33.** **Enter your MAA billing provider number.** An individual provider number must appear in the PIN # field. The group # appears in the GRP # field. If a GRP # is used, a performing provider # must appear in the PIN # field.

Submit any necessary backup documents on single-sided, standard size, white sheets of paper (8 ½ x 11). Please make sure the backup documentation for each claim for is readable and attached to each individual claim form.

 **Attached is a completed sample
HCFA-1500 claim that is scanner ready**

Red/White HCFA-1500 Form Goes Here

**Important Information.
Please open immediately!**

Change Service Requested



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